

Chinmaya Mission Bakersfield

1723 Country Breeze Pl, Bakersfield, CA 93312

Phone: (661) 201-4541 **Web:** chinmayamission.com/bakersfield

2026-2027 Bala Vihar Enrollment form

This application form (boxes with gray background) can be filled with Microsoft word. If you want to fill the application with a pen/pencil, please fill the form legibly (**CAPITALS PREFERRED**). It would be helpful for data entry.

Information about registering member

| | | |
|------------------------|---|-------------|
| Existing Member | Please check this box, if you were an existing member of CMB. Please indicate the year, in which you were first enrolled in. | |
| New Member | Please check this box, if you are a new member in 2026 | 2026 |

Preferred communication method

CMB regularly communicates with its members about upcoming events and programs, as needed.
Please select **one** of the following methods for member communication.

| | | |
|--|---|--|
| <input type="checkbox"/> Email preferred | <input type="checkbox"/> USPS preferred | <input type="checkbox"/> Both email & USPS preferred |
|--|---|--|

Parent (or Guardian) Information

| | | |
|-----------------------------|--------------------------|----------|
| Father's Information | Last Name: | |
| | First Name: | |
| | Mobile: | |
| | Email: | |
| Mother's Information | Last Name: | |
| | First Name: | |
| | Mobile: | |
| | Email: | |
| Home Address | Line 1: | |
| | Line 2: | |
| | City, State, Zip: | , CA, 93 |
| | Phone: | |
| Emergency Contact | Last Name: | |
| | First Name: | |
| | Phone: | |

Children Information

| | | |
|---|----------------------------------|--|
| 1st Child Information | Last Name: | |
| | First Name: | |
| | Gender: | <input type="checkbox"/> Female <input type="checkbox"/> Male |
| | Date-of-Birth: | |
| | Grade (in 2026-27): | |
| | Attending Language Class: | <input type="checkbox"/> Gujarati <input type="checkbox"/> Hindi |

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| | | |
|---|----------------------------------|--|
| 2nd Child Information | Last Name: | |
| | First Name: | |
| | Gender: | <input type="checkbox"/> Female <input type="checkbox"/> Male |
| | Date-of-Birth: | |
| | Grade (in 2026-27): | |
| | Attending Language Class: | <input type="checkbox"/> Gujarati <input type="checkbox"/> Hindi |
| 3rd Child Information | Last Name: | |
| | First Name: | |
| | Gender: | <input type="checkbox"/> Female <input type="checkbox"/> Male |
| | Date-of-Birth: | |
| | Grade (in 2026-27): | |
| | Attending Language Class: | <input type="checkbox"/> Gujarati <input type="checkbox"/> Hindi |

Payment information & Volunteer requirement

Annual Fees:

- Bala Vihar enrollment fee is **\$300/year** for each child.
- Enrollment fee includes these classes: language, Chanting, and Swaranjali.

Deductions:

- A deduction of **\$150 per child** will be applied, **after** the 3rd child enrollment.

Volunteering:

At least one parent/guardian must be present, during Balavihar classes.
Every family is required to give 10 hours or more of volunteer service to Chinmaya Gokul, during the school year. Please fill out the sign-up sheet to indicate the area of interest for this service.

FOR OFFICE USE ONLY

| Amount Received: | Date: | Check #: | Initials: |
|-------------------------|--------------|-----------------|------------------|
| Amount Received: | Date: | Check #: | Initials: |
| | | | |

Disclaimer/Medical Release

This application form (boxes with gray background) can be filled with Microsoft word. If you want to fill the application with a pen/pencil, please fill the form legibly (**CAPITALS PREFERRED**). It would be helpful for data entry.

| Names of the enrolled children | |
|--------------------------------|--|
| | |
| | |
| | |

| Contact Information | |
|---------------------------|---------------|
| Mother's Name: | Phone: |
| Father's Name: | Phone: |
| Emergency Contact: | Phone: |
| Physician's Name: | Phone: |
| Dentist's Name: | Phone: |
| | |

| Medical Information |
|------------------------------------|
| Medical Conditions, if any: |
| |
| Medical Insurance Info: |
| Insurance Company: |
| Insurance Policy: |
| Policy Holder: |
| |

I give permission for my children to participate in the Bala Vihar program from **Aug 2026 to May 2027**. Hereby release Chinmaya Mission Bakersfield (CMB), its staff and volunteers from any responsibility and liability for any illness or injury that my children may sustain during this activity, including COVID-19.

I understand that I need to be present on the premises during the Bala Vihar program. In the event that I am unable to be present, in the event of an emergency, I hereby authorize an adult Chinmaya Mission Bakersfield (CMB) volunteer to take whatever emergency measures that are judged necessary for the care and protection of my children.

In the event of an emergency, I understand that my children will be transported by a local emergency unit for treatment, if deemed necessary by a CMB volunteer. In certain medical situations, the local emergency resource may be contacted prior to contacting the child's parent or physician.

| | | |
|-------------|------------------|------|
| | | |
| Parent Name | Parent Signature | Date |